

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-978)

SERIAL NO.

FILING DATE

104509138

CLAIMS

AS FILED	AFTER		AFTER		AMENDMENT
	IND.	DEP.	IND.	DEP.	
1	1				
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TOTAL IND.	3				
TOTAL DEP.	29	↓	↓	↓	
TOTAL CLAIMS	32	████████	████████	████████	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓	↓		
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS		████████	████████	████████		